United States Department of Labor
Employees' Compensation Appeals Board

M.G., Appellant	)	
and	)	**Docket No. 26-0574**
	)	**Issued: September 22, 2026**
U.S. POSTAL SERVICE, ROCKFORD POST OFFICE, Rockford, MI, Employer	)	

Appearances:
Alan J. Shapiro, Esq., for the appellant[1]
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On June 8, 2026 appellant, through counsel, filed a timely appeal from a May 19, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

[1] In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

[2] 5 U.S.C. § 8101 *et seq*.

FACTUAL HISTORY

On July 2, 2025 appellant, then a 53-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she developed right carpal tunnel syndrome and wrist ligament injury as a result of factors of her federal employment including repetitive use of her hands while delivering mail. She noted that she first became aware of her condition and realized its relation to her federal employment on March 12, 2025. Appellant stopped work on March 12, 2025, and returned to full-duty work on March 13, 2025.

In a July 3, 2025 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to respond.

OWCP subsequently received additional evidence. On May 8 and 13, 2025 appellant sought treatment for numbness and tingling in the left hand and left-hand pain with Kortnie A. Karp, a physician assistant.

On July 1, 2025 Dr. Kevin Knox, a Board-certified orthopedic surgeon, provided work restrictions for appellant's left upper extremity commencing on July 23, 2025, and for the right upper extremity commencing August 13, 2025.

In a follow-up July 28, 2025 letter, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It advised that she had 60 days from the July 3, 2025 letter to submit the necessary evidence. OWCP further advised that, if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP subsequently received additional evidence. In a June 5, 2025 report, Dr. Knox described appellant's right wrist pain, numbness, and tingling. He found untreated carpal tunnel syndrome on the left. Dr. Knox diagnosed bilateral carpal tunnel syndrome and opined that appellant's occupation as a mail carrier involved repetitive movements that "may exacerbate" her symptoms.

In an August 4, 2025 treatment report, Dr. Knox diagnosed right de Quervain's tenosynovitis. He performed a right de Quervain's release and first dorsal compartment tenosynovectomy on August 13, 2025.

In an August 22, 2025 note, Stacy M. Emmert, a physician assistant, released appellant to return to full-duty work.

By decision dated September 2, 2025, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish the implicated employment factors. It determined that the requirements had not been met to establish that she sustained injury as defined by FECA.

On September 8, 2025 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on February 19, 2026.

In a September 10, 2025 statement, appellant clarified that she did not have a wrist injury; rather, she had an injury of her right thumb. She related that she had left carpal tunnel surgery prior to her right thumb surgery on August 13, 2025. Appellant attributed her diagnosed right thumb injury to "repetitive gripping of mail to place in the mailboxes." She contended that there was no alternative method of grasping the mail to place it in the mailboxes without irritating her right thumb tendon.

On February 5, 2026 Dr. Knox found that appellant could return to work with restrictions with the use of her left hand following a February 23, 2026 procedure.

By decision dated March 23, 2026, OWCP's hearing representative modified the September 2, 2025 OWCP decision to find that the medical evidence of record was sufficient to establish a diagnosed medical condition in connection with the accepted employment factors. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship.

OWCP subsequently received additional evidence. In a June 5, 2025 note, Dr. Knox related appellant's complaints of right wrist pain. He diagnosed de Quervain's tenosynovitis of the right wrist and carpal tunnel syndrome, right wrist. On July 23, 2025 Dr. Knox diagnosed left carpal tunnel syndrome and performed a left limited incision open carpal tunnel release.

On March 12, 2025 Stephen Rich, a nurse practitioner, examined appellant's right wrist. Ms. Emmert completed notes dated August 4 and 22, 2005.

In a February 10, 2026 note, Dr. Knox explained that appellant had painful locking and catching of the left thumb. He diagnosed left trigger thumb. On February 23, 2026 Dr. Knox performed a left thumb surgical trigger finger release.

In a March 3, 2026 report, Dr. Knox related that it was "more likely than not" that appellant's carpal tunnel syndrome was the result of exacerbation of an underlying condition secondary to repetitive motions required by work.

On May 5, 2026 appellant, through counsel, requested reconsideration.

By decision dated May 19, 2026, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was filed with the applicable time limitation, that an injury was sustained while in the performance of duty, as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the

[3] *Id.*

employment injury.[4] These are the essential elements of every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[5]

In an occupational disease claim, appellant's burden of proof requires submission of the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.[6]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[7] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[8] Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[9]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

In a June 5, 2025 report, Dr. Knox diagnosed bilateral carpal tunnel syndrome and opined that appellant's occupation as a mail carrier involved repetitive movements that "may exacerbate" her symptoms. In March 3, 2026 report, he opined that it was "more likely than not" that appellant's carpal tunnel syndrome was the result of exacerbation of an underlying condition secondary to repetitive motions required by work. However, the Board has long held that medical opinions that are speculative or equivocal in nature are of diminished probative value.[10] Thus, these reports are insufficient to establish appellant's claim.

---

[4] *E.S.*, Docket No. 18-1580 (issued January 23, 2020); *M.E.*, Docket No. 18-1135 (issued January 4, 2019); *C.S.*, Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

[5] *E.S.*, *id.*; *S.P.*, 59 ECAB 184 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[6] *A.C.*, Docket No. 25-0783 (issued September 15, 2025); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

[7] *W.M.*, Docket No. 14-1853 (issued May 13, 2020); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

[8] *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

[9] *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[10] *See D.D.*, Docket No. 25-0751 (issued August 27, 2025); *F.S.*, Docket No. 22-0070 (issued June 14, 2023); *M.L.*, Docket No. 18-0153 (issued January 22, 2020); *N.B.*, Docket No. 19-0221 (issued July 15, 2019); *Z.B.*, Docket No. 17-1336 (issued January 10, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

Appellant submitted a series of additional treatment notes from Dr. Knox dated June 5, 2025 through February 10, 2026 diagnosing various upper extremity conditions including right de Quervain's tenosynovitis, bilateral carpal tunnel syndrome and left trigger thumb. These reports, however, offered no opinion regarding the cause of appellant's diagnosed conditions. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[11] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant also submitted reports from Ms. Karp and Mr. Rich, nurse practitioners, and Ms. Emmert, a physician assistant. The Board has held, however, that medical reports signed solely by a nurse practitioner or a physician assistant are of no probative value as such healthcare providers are not considered physicians as defined under FECA and are, therefore, not competent to provide medical opinions.[12] Consequently, their medical findings and/or opinions will not suffice for the purpose of establishing entitlement to FECA benefits. This evidence is, therefore, insufficient to establish the occupational disease claim.

As the medical evidence of record is insufficient to establish causal relationship between the diagnosed condition and the accepted factors of federal employment, the Board finds that appellant has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

[11] *See K.A.*, Docket No. 26-0031 (issued February 26, 2026); *B.B.*, Docket No. 25-0661 (issued September 9, 2025); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[12] Section 8101(2) provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law, 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (version 1.2, issued May 4, 2026); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *see also S.B.*, Docket No. 26-0230 (issued April 21, 2026) (medical reports signed solely by a nurse practitioner are of no probative value as such healthcare providers are not considered physicians as defined under FECA and are, therefore, not competent to provide medical opinions); *N.H.*, Docket No. 26-0136 (issued March 18, 2026) (neither nurse practitioners nor physician assistants are considered physicians as defined under FECA); *F.A.*, Docket No. 24-0014 (issued January 30, 2026) (neither nurse practitioners nor physician assistants are considered physicians as defined under FECA).

ORDER

IT IS HEREBY ORDERED THAT the May 19, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 22, 2026
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board